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99TH CONGRESS
2d Session

SENATE

REPORT
99-489

NATIONAL COUNCIL ON ACCESS TO HEALTH CARE ACT

SEPTEMBER 25 (legislative day, SEPTEMBER 24), 1986.—Ordered to be printed

Mr. ROTH, from the Committee on Governmental Affairs, submitted the following

REPORT

[To accompany S. 1620]

The Committee on Governmental Affairs, to which was referred the bill (S. 1620) to establish a National Council on Access to Health Care, having considered the same, reports favorably thereon with an amendment in the nature of a substitute and recommends that the bill, as amended, do pass.

I. PURPOSE

The purpose of S. 1620 is to establish a National Council on Access to Health Care.

II. BACKGROUND

Despite advances in the provision of health care services in this country since the 1960's, there is a growing concern over whether Americans have adequate access to health care.

Individuals can be denied access to health care in many ways. For example, an unemployed woman may lose her health insurance when her employed husband dies and then find that she is unable to afford any of the individual policies that are available to her. Someone with a history of illness due to some pre-existing medical condition may find that no insurance company is willing to offer him coverage at all.

People living in a rural community may worry that, with the local economy declining, the local hospital might be forced to close its doors. Someone who needs long-term nursing or custodial care may find that he or she cannot afford to pay for these services out-

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of-pocket, yet the federal health care programs do not offer the coverage for these services that he or she expected.

A wide variety of situations such as these are properly characterized as problems of access, and they will require a variety of solutions—solutions based on different communities' personal preferences, financial strengths and current health care resources on which they can build.

Currently, states, local communities and the federal government are grappling with these problems, but they lack a mechanism for sharing information and developing a plan for joint action. A National Council on Access to Health Care will provide that necessary mechanism.

III. SUMMARY OF THE LEGISLATION

The bill would establish a National Council on Access to Health Care comprised of 15 members. Nine of the members would be representatives of various types of health care consumers, three would be distinguished in the practice of medicine or direct patient care and three would be distinguished in health care administration or health care financial management. A joint Congressional panel would select the Council members.

The Council would be responsible for undertaking studies on the question of access to health care. It would address such issues as how the nation has progressed since the health care initiatives of the 1960's, what kinds of changes can be anticipated in the coming years and what can be done to guarantee access to adequate health care. The Council would coordinate locally sponsored and funded grass-roots hearings in at least 10 federal regions of the country during which comments and recommendations would be solicited from a wide variety of organizations and individuals.

The Council would have a three year life and would submit annual reports to Congress. Those reports would summarize the Council's activities and findings and would contain a series of recommendations based on those findings. The information and reports generated by the Council would also be made available to the general public.

The Council would be established as an independent body. S. 1620 authorizes $3 million over the next three years to support the Council's activities.

IV. LEGISLATIVE HISTORY

S. 1620 was introduced by Senator David Durenberger and referred to the Senate Governmental Affairs Subcommittee on Intergovernmental Relations for consideration on October 1, 1985. It was reported from the Subcommittee by a vote of 4 to 0 (with one abstention) on November 19, 1985.

On August 12, 1986, a quorum being present, the Committee on Governmental Affairs agreed, by voice vote, to report S. 1620 favorably to the Senate with an amendment in the nature of a substitute. No opposition to the bill was registered by any member.

V. EVALUATION OF REGULATORY IMPACT

Paragraph II(b) of rule XXVI of the Standing Rules of the Senate requires each report accompanying a bill to evaluate the regulatory and paperwork impact which would be incurred in carrying out the bill.

The Committee estimates that passage of this legislation will have no effect on either regulatory or paperwork burdens.

VI. ESTIMATED COST OF LEGISLATION

U.S. CONGRESS,
CONGRESSIONAL BUDGET OFFICE,
Washington, DC, August 28, 1986.

Hon. WILLIAM V. ROTH, Jr.,
Chairman, Committee on Governmental Affairs, U.S. Senate, Washington, DC.

DEAR MR. CHAIRMAN: The Congressional Budget has prepared the attached cost estimate for S. 1620, the National Council on Access to Health Care Act, as ordered reported by the Senate Committee on Govenmental Affairs on August 12, 1986.

If you wish further details on this estimate, we will be pleased to provide them.

With best wishes,

Sincerely,

EDWARD GRAMLICH
(For Rudoph G. Penner, Director).

CONGRESSIONAL BUDGET OFFICE—COST ESTIMATE

1. Bill number: S. 1620.
2. Bill title: National Council on Access to Health Care Act.
3. Bill status: As ordered reported by the Senate Committee on Governmental Affairs on August 12, 1986.
4. Bill purpose: To amend Title XVIII of the Social Security Act to establish a National Council on Access to Health Care.
5. Estimated cost to the Federal Government:

[By fiscal years, in millions of dollars]

	1987	1988	1989	1990	1991
Authorization level	1	1	1		
Estimated outlays	1	1	1		

The costs of this bill would fall within budget function 570.

Basis of estimate: The authorization level of the Council is stated in the bill. We assume all authorizations are fully appropriated at the beginning of each fiscal year. Outlays are estimated using spendout rates calculated by CBO on the basis of similar program data.

6. Estimated cost to State and local governments: The budgets of state and local governments would not be affected directly by enactment of this legislation.
7. Estimate comparison: None.

8. Previous CBO estimate: None.
9. Estimate prepared by: Carmela Dyer.
10. Estimate approved by: C.G. Nuckols (for James L. Blum, Assistant Director for Budget Analysis).

VII. CHANGES IN EXISTING LAW

In accordance with paragraph 12 of rule XXVI of the Standing Rules of the Senate, there are no changes in existing law made by S. 1620, as reported.

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